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2292	7590 01/14	1/2008				
BIRCH STEWART KOLASCH & BIRCH LLP PO BOX 747 FALLS CHURCH, VA 22040-0747 Certificate of Mi I hereby certify that this Fee (s) Transmitted to the Mail Stop ISSUE transmitted to the USPTO (571) 273.						e denosited with the United
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APPLICATION NO.	LICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/717,620 11/21/2003		Takenori Yoshizawa		0717-0519P 8204		
TITLE OF INVENTION: SUBSTRATE CLEANING DEVICE AND SUBSTRATE PROCESSING FACILITY						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	04/14/2008
EXAMINER ART		ART UNIT	CLASS-SUBCLASS			
REDDING,	DÁVID A	3723	015-345000	•		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Sharp Kabushiki Kaisha Osaka-shi, Osaka, Japan						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) are submitted: 4 Issue Fee 4 Publication Fee (No small entity discount permitted) Advance Order + # of Copies Four (4)			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number: 02-2448 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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Authorized Signature Will Catherine M. Vorsines #52337 Date March 5, 2008						
Typed or printed name Charles Gorenstein Registration No. 29,271						
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